

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

|   |  |     |
|---|--|-----|
| RECEIVED<br>2014 OCT -6 PM 3:25<br>OFFICE OF<br>THE CITY CLERK<br>CITY OF NEWPORT BEACH | CALIFORNIA<br>2001/02<br>FORM                | 460 |
|   | Page _____ of _____<br>For Official Use Only |     |

SEE INSTRUCTIONS ON REVERSE

|  |   |
|--|---|
| Statement covers period<br>from 07/01/2014<br>through 09/30/2014 | Date of election if applicable:<br>(Month, Day, Year)<br>11/04/2014 |
|--|---|

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

2. Type of Statement:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Preelection Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
|---|--|

3. Committee Information

I.D. NUMBER  
1366725

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Glenn for Council 2014

STREET ADDRESS (NO P.O. BOX)

111 E Edgewater Ave

|               |       |          |                 |
|---------------|-------|----------|-----------------|
| CITY          | STATE | ZIP CODE | AREA CODE/PHONE |
| Newport Beach | CA    | 92661    | (949) 229-0096  |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Hunter Golden

MAILING ADDRESS

170 E. 17th St Ste 110

|            |       |          |                 |
|------------|-------|----------|-----------------|
| CITY       | STATE | ZIP CODE | AREA CODE/PHONE |
| Costa Mesa | CA    | 92627    | (949) 734-0353  |

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

|      |       |          |                 |
|------|-------|----------|-----------------|
| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/06/2014  
Date

Executed on 10/06/2014  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page \_\_\_\_\_ of \_\_\_\_\_

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Michael Glenn

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Newport Beach City Council District 1

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

111 E. Edgewater Ave Newport Beach CA 92661

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

sdfa

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

adf

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>07/01/2014</u><br>through <u>09/30/2014</u> | <b>CALIFORNIA FORM 460</b> |
| Page _____ of _____  | I.D. NUMBER<br>1366725     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Glenn for Council 2014

## Contributions Received

|                                       |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions .....       | Schedule A, Line 3 | \$ <u>1,150.00</u>   | \$ <u>4,559.00</u>                         |
| 2. Loans Received .....               | Schedule B, Line 3 | <u>0.00</u>  | <u>1,500.00</u>                            |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2    | \$ <u>1,150.00</u>   | \$ <u>6,059.00</u>                         |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 | <u>0</u>   | <u>0</u>                                   |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4    | \$ <u>1,150.00</u>   | \$ <u>6,059.00</u>                         |

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

|                            |                  |             |
|----------------------------|------------------|-------------|
|                            | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ _____         | \$ _____    |
| 21. Expenditures Made      | \$ _____         | \$ _____    |

## Expenditures Made

|  |                      |                    |                    |
|--|----------------------|--------------------|--------------------|
| 6. Payments Made .....                   | Schedule E, Line 4   | \$ <u>4,876.41</u> | \$ <u>5,794.01</u> |
| 7. Loans Made .....                      | Schedule H, Line 3   | <u>0</u>           | <u>0</u>           |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7      | \$ <u>4,876.41</u> | \$ <u>5,794.01</u> |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3   | <u>0</u>           | <u>0</u>           |
| 10. Nonmonetary Adjustment .....         | Schedule C, Line 3   | <u>0</u>           | <u>0</u>           |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 | \$ <u>4,876.41</u> | \$ <u>5,794.01</u> |

## Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made*<br>(If Subject to Voluntary Expenditure Limit) |               |
|--|---------------|
| Date of Election<br>(mm/dd/yy)   | Total to Date |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |
| ____/____/____   | \$ _____      |

## Current Cash Statement

|   |   |                    |
|---|---|--------------------|
| 12. Beginning Cash Balance .....          | Previous Summary Page, Line 16                | \$ <u>4,061.70</u> |
| 13. Cash Receipts .....                   | Column A, Line 3 above                        | <u>1,150.00</u>    |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | <u>50.00</u>       |
| 15. Cash Payments .....                   | Column A, Line 8 above                        | <u>4,876.41</u>    |
| 16. ENDING CASH BALANCE .....             | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>385.29</u>   |

If this is a termination statement, Line 16 must be zero.

|                                    |                    |             |
|------------------------------------|--------------------|-------------|
| 17. LOAN GUARANTEES RECEIVED ..... | Schedule B, Part 2 | \$ <u>0</u> |
|------------------------------------|--------------------|-------------|

## Cash Equivalents and Outstanding Debts

|                             |                                       |             |
|-----------------------------|---------------------------------------|-------------|
| 18. Cash Equivalents .....  | See instructions on reverse           | \$ <u>0</u> |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

|  |  |                            |
|--|--|----------------------------|
| Statement covers period<br>from 07/01/2014<br>through 09/30/2014 |  | <b>CALIFORNIA FORM 460</b> |
| Page _____ of _____  |  |                            |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Glenn for Council 2014

I.D. NUMBER

1366725

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 07/10/2014    | Ralph Nudo  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Restauranter<br><br>Woody's Wharf   | \$1,100.00                  | \$1,100.00   | \$1,100.00                            |
|               |   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                             |  |                                       |
| SUBTOTAL \$   |   |   |   | 1,100.00                    |  |                                       |

## Schedule A Summary

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 1,100.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 50.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1,150.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

# Schedule B – Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

|  |  |                            |
|--|--|----------------------------|
| Statement covers period<br>from 07/01/2014<br>through 09/30/2014 |  | <b>CALIFORNIA FORM 460</b> |
| Page _____ of _____  |  |                            |
| NAME OF FILER<br><br>Glenn for Council 2014                      |  | I.D. NUMBER<br><br>1366725 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD *   | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN      | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                                |
|---|---|--|------------------------------------|--|--|----------------------------------|-------------------------------------|--|
| Michael Glenn<br>111 E. Edgewater Ave<br>Newport Beach, CA 92661<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CEO<br><br>Devion   | \$ 1,550.00                                      | \$ 0                               | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 1,550.00<br><br>DATE DUE _____                  | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED _____ | CALENDAR YEAR<br>\$ 1,550.00<br>PER ELECTION**<br>1,550.00<br>\$ _____ |
| <br><br><br>† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE _____                     | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED _____ | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____                |
| <br><br><br>† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC  |   | \$ _____   | \$ _____                           | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ _____<br><br>DATE DUE _____                     | _____%<br>RATE<br>\$ _____       | \$ _____<br><br>DATE INCURRED _____ | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____                |
| <b>SUBTOTALS \$</b>   |   | <b>0 \$</b>                                      | <b>0 \$</b>                        | <b>0 \$</b>  | <b>1,550.00 \$</b>                                 | <b>0</b>                         |                                     |  |

## Schedule B Summary

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$** 0  
(May be a negative number)  
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on  
Schedule E, Line 3)

\*Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

† Contributor Codes

IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

|  |                            |
|--|----------------------------|
| Statement covers period<br>from 07/01/2014<br>through 09/30/2014 | <b>CALIFORNIA FORM 460</b> |
| Page _____ of _____  | I.D. NUMBER<br>1366725     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Glenn for Council 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Facebook<br>1 Hacker Way<br>Menlo Park, CA 94025                    | PRT     | Advertising            | \$1.00      |
| Bank of America<br>100 North Tryon Street<br>Charlotte, NC 28255    | OFC     | Bank service charge    | \$16.00     |
| Facebook<br>1 Hacker Way<br>Menlo Park, CA 94025                    | PRT     | Advertising            | \$1.00      |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 18.00**

## Schedule E Summary

|  |                          |
|--|--------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$ 4,757.60              |
| 2. Unitemized payments made this period of under \$100   | \$ 118.81                |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$ 0                     |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | <b>TOTAL \$ 4,876.41</b> |

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|                         |                    |                                |
|-------------------------|--------------------|--------------------------------|
| Statement covers period |                    | <b>CALIFORNIA<br/>FORM 460</b> |
| from 07/01/2014         | through 09/30/2014 |                                |
| Page _____ of _____     |                    | I.D. NUMBER<br>1366725         |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Glenn for Council 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Facebook<br>1 Hacker Way<br>Menlo Park, CA 94025                    | PRT  |    | Advertising            | \$1.00      |
| Facebook<br>1 Hacker Way<br>Menlo Park, CA 94025                    | PRT  |    | Advertising            | \$1.00      |
| Facebook<br>1 Hacker Way<br>Menlo Park, CA 94025                    | PRT  |    | Advertising            | \$0.28      |
| Facebook<br>1 Hacker Way<br>Menlo Park, CA 94025                    | PRT  |    | Advertising            | \$250.27    |
| Facebook<br>1 Hacker Way<br>Menlo Park, CA 94025                    | PRT  |    | Advertising            | \$25.05     |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 277.60**

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|                         |                    |                            |
|-------------------------|--------------------|----------------------------|
| Statement covers period |                    | <b>CALIFORNIA FORM 460</b> |
| from 07/01/2014         | through 09/30/2014 |                            |
| Page _____ of _____     |                    | I.D. NUMBER                |
|                         |                    | 1366725                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Glenn for Council 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Facebook<br>1 Hacker Way<br>Menlo Park, CA 94025                     | PRT  |    | Advertising            | \$1.00      |
| The W Jane Company<br>170 E. 17th St Ste 110<br>Costa Mesa, CA 92627 | PRO  |    | Accounting             | \$60.00     |
| Chris Pappas<br>9822 Dragon Cir<br>Huntington Beach, CA 92646        | RFD  |    | Returned contribution  | \$1,100.00  |
| Mark Serventi<br>1301 Rim Rock Ave<br>Chino Hills, CA 91709          | RFD  |    | Returned contribution  | \$1,100.00  |
| Gregg Pappas<br>417 Via Lido Saud #A<br>Newport Beach, CA 92263      | RFD  |    | Returned contribution  | \$1,100.00  |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 3,361.00**



**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

|                         |                    |                            |
|-------------------------|--------------------|----------------------------|
| Statement covers period |                    | <b>CALIFORNIA FORM 460</b> |
| from 07/01/2014         | through 09/30/2014 |                            |
| Page _____ of _____     |                    | I.D. NUMBER                |
|                         |                    | 1366725                    |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Glenn for Council 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

|     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Ralph Nudo<br>6012 Kylie Ct<br>Chino Hills, CA 91709                | RFD  |    | Refunded contributions | \$1,100.00  |
| Facebook<br>1 Hacker Way<br>Menlo Park, CA 94025                    | PRT  |    | Advertising            | \$1.00      |
|   |      |    |                        |             |
|   |      |    |                        |             |
|   |      |    |                        |             |

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1,101.00**

# Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period  
from 07/01/2014  
through 09/30/2014

**CALIFORNIA**  
**FORM 460**

Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Glenn for Council 2014

I.D. NUMBER

1366725

| DATE<br>RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF<br>INCREASE TO CASH |
|------------------|---|------------------------|-------------------------------|
|                  |   |                        |                               |
|                  |   |                        |                               |
|                  |   |                        |                               |
|                  |   |                        |                               |
|                  |   |                        |                               |
|                  |   |                        |                               |

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

## Schedule I Summary

- Increases to cash of \$100 or more this period. .... \$ \_\_\_\_\_
- Unitemized increases to cash under \$100 this period. .... \$ 50.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... \$ \_\_\_\_\_
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** 50.00